

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

PS 3569 US01 NT

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 13           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 13 minus 20= | * 0                      |
| INDEPENDENT CLAIMS               | 3 minus 3 =  | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X43=      |        | OR X86=      |        |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|---|----|---|--------------------------|
|  |   | Minus                                     | ** | =   |                          |
| Total  | * | 13  | 20 | =   |                          |
| Independent                                    | * | 3   | 3  | =   | 1                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |    |   | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           | Q                      |
| X43=             |                        | OR X86=             | Q                      |
| +145=            |                        | OR +290=            | 1                      |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE | Q                      |

| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|---|----|---|--------------------------|
|  |   | Minus                                     | ** | =   |                          |
| Total  | * |   |    |   |                          |
| Independent                                    | * | Minus                                     | ** | =   |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |    |   | <input type="checkbox"/> |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|---|----|---|--------------------------|
|  |   | Minus                                     | ** | =   |                          |
| Total  | * |   |    |   |                          |
| Independent                                    | * | Minus                                     | ** | =   |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |    |   | <input type="checkbox"/> |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.